

09595660

PATENT APPLICATION FEE DETERMINATION RECORD

CLASS	CLASSIFICATION
INVENTOR	INVENTOR
ATTORNEY	ATTORNEY
AGENT	AGENT
ADDRESS	ADDRESS
CITY	CITY
STATE	STATE
COUNTRY	COUNTRY
DATE	DATE

RATE	395
ADDITIONAL FEE	
TOTAL	

RATE	790
ADDITIONAL FEE	
TOTAL	

CLAIMS AS AMENDED

AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PAYMENT EXTRA
	Total (37 CFR 1.16(c))	58	Minus	170	
	Independent (37 CFR 1.16(b))	4	Minus	5	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM					

RATE	ADDITIONAL FEE
9	
44	
150	
TOTAL ADDITIONAL FEE	

RATE	ADDITIONAL FEE
18	
88	
300	
TOTAL ADDITIONAL FEE	

AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PAYMENT EXTRA
	Total (37 CFR 1.16(c))	62	Minus	170	
	Independent (37 CFR 1.16(b))	7	Minus	5	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM					

RATE	ADDITIONAL FEE
9	
44	
150	
TOTAL ADDITIONAL FEE	

RATE	ADDITIONAL FEE
18	
88	
300	
TOTAL ADDITIONAL FEE	

AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PAYMENT EXTRA
	Total (37 CFR 1.16(c))		Minus		
	Independent (37 CFR 1.16(b))		Minus		
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM					

RATE	ADDITIONAL FEE
9	
44	
150	
TOTAL ADDITIONAL FEE	

RATE	ADDITIONAL FEE
18	
88	
300	
TOTAL ADDITIONAL FEE	

- * If the entry in column 1 is less than the entry in column 2, write 0 in column 3.
- ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 25, write 25.
- *** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 100, write 100.

The "Highest Number Previously Paid For" is the total of independent claims in the previous application. This form is estimated to take 2 hours to complete. If you are unable to complete this form, you may request a refund of the fee paid. Any comments on the amount of time you are requested to complete this form should be sent to the Patent Office, Washington, DC 20541. The Patent Office will consider your comments and will adjust the fee accordingly.

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